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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: RAMPAL *et al.*

Examiner: Micah Paul Young

Application No.: 09/941,970

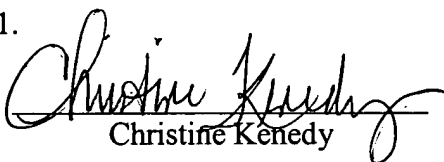
Group Art Unit: 1615

Filing Date: August 29, 2001

Title: **CONTROLLED RELEASE FORMULATION OF ERYTHROMYCIN OR
A DERIVATIVE THEREOF**

Certificate of Mailing

I certify that this correspondence is being deposited on August 21, 2002 with the United States Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.


Christine Kenedy

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated February 21, 2002, submitted herewith is a Petition for Extension of Time from May 21, 2002 to August 21, 2002. This petition includes an authorization to charge the required fee.

Please make the following amendments:

RECEIVED
AUG 26 2002
TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **RAMPAL et al.**

Docket No.

RLL-170US

Serial No.

09/941,970

Filing Date

August 29, 2001

Examiner

Micah Paul Young

Group Art Unit

1615Invention: **CONTROLLED RELEASE FORMULATION OF ERYTHROMYCIN OR A DERIVATIVE THEREOF****AUG 26 2002****RECEIVED
AUG 29 2002
TECH CENTER 1600/2900****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	12 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. **50-0912** in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-0912**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: **August 21, 2002**

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20231.



Signature of Person Mailing Correspondence

Christine Kenedy

Typed or Printed Name of Person Mailing Correspondence

CC: